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36335 7590 05/27/2008

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Lori Allaire	(Depositor's name)
Lori Allaire	(Signature)
Aug 25, 2008	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/559,880	12/07/2005	Alan Cuthbertson	PN0384	2898

TITLE OF INVENTION: CONTRAST AGENT

08/25/2008 ACEBREN2 00000073 502665 10559888

01 FC:1501 1440.00 DA
 02 FC:1504 300.00 DA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	08/27/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
HARTLEY, MICHAEL G	1618	424-001690

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	<ol style="list-style-type: none"> 1 <u>Craig Bohiken</u> 2 _____ 3 _____

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

GE Healthcare AS *OSLO, NORWAY*

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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Authorized Signature Craig Bohiken

Typed or printed name Craig Bohiken

Date August 25, 2008

Registration No. 52,628

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